



ACTION

- Preserve the federal guarantee of Medicaid for all low-income children, improve Medicaid benefits, and broaden health insurance coverage for uninsured children.
- Work to ensure Medicaid and the State Childrens Health Insurance Program (SCHIP) provide comprehensive, continuous, and coordinated health care services for all children and families involved with the child welfare system. Intensify outreach, education, and simplification of the application process to ensure all children who are eligible for health care assistance under Medicaid or SCHIP are enrolled.
- Support the Family Opportunity Act (S. 321/H.R. 600). Introduced by Senators Charles Grassley (R-IA) and Edward M. Kennedy (D-MA) and Representatives Henry Waxman (D-CA) and Pete Sessions (R-TX), this bill can make a significant difference in the health and well-being of children with disabilities, including adopted children who are not Title IV-E eligible and children adopted privately or internationally.
- Reauthorize and increase funding for the Abandoned Infants Assistance Act, which provides demonstration grants for a range of services for infants and young children, many of whom are HIV-infected or drug-afflicted. These infants are medically cleared for discharge from acute hospital settings but remain hospitalized because of a lack of appropriate out-of-home placement alternatives.
- Increase funding for the Title X family planning program. Maintain Title X as a categorical federal program that mandates informed patient consent and protections of confidentiality for all patients, the type of services to be offered, and medical standards to be met.
- Increase funding for Title V of the Social Security Act, the Maternal and Child Health Services Block Grant, which was created to improve the health of mothers and children through federal-state partnerships.
- Increase funding for services to children affected by and infected with HIV/AIDS who are now being served by the Ryan White CARE Act.
- Increase funding for mental health services, including the Mental Health Services Block Grant and the Childrens Mental Health program.

Child Welfare
League of America
202/638-2952
Fax 202/638-4004
www.cwla.org

HISTORY

Ensuring the health of children and families involved in child welfare is of paramount importance. To do so, we must find solutions to address the shortcomings of our nations health care system. Health insurance coverage for all children and their families, through Medicaid, SCHIP, or private insurance, can prevent many children from ever needing the child welfare system.

Family Opportunity Act

The Family Opportunity Act (S. 321/H.R. 600) would permit families to purchase Medicaid on a sliding-scale basis and allow states to extend Medicaid coverage to children with potentially severe disabilities. Families of children with severe disabilities often struggle to provide their children with appropriate medical services.

Abandoned Infants Assistance Act

Congress will reauthorize the Abandoned Infants Assistance Act this year. This program provides grants to public and nonprofit private organizations to develop, implement, and operate programs relating to foster care and residential care for abandoned infants and young children. Projects may include preventing the abandonment of children, identifying and addressing the needs of these children, assisting them to reside with their natural families or foster families, and recruiting and training foster families. FY 2002 funding for this program was \$12.2 million.

Teen Pregnancy

CWLA works to ensure a full spectrum of programs and services to pregnant and parenting teens to guarantee their well-being and that of their children. To maximize their options in life, these young women must develop the skills necessary to obtain economic independence, self-sufficiency, and long-term family stability. Programs include child care, education, health care, counseling, nutrition, and parenting education.

Mental Health

Children in foster care have extensive mental health needs, as most have experienced some form of abuse or neglect or suffer from being separated from their families. More resources must be dedicated to research and services for children in out-of-home care so they can receive the mental health services they need and deserve to live healthy, productive lives.

Maternal and Child Health Services Block Grant

The Title V block grant helps develop service systems in communities to meet the critical challenges facing maternal and child health, including significantly reducing infant mortality, providing preventive and primary care services for children and adolescents, immunizing all children, reducing adolescent pregnancy, and preventing injury and violence.

KEY FACTS

- Nearly 8 million low-income children remained uninsured during 1999.¹ More than three-quarters of all uninsured children are estimated to be eligible for coverage through Medicaid and SCHIP.²
- The U.S. teen pregnancy rate fell 19% between 1991 and 1997, from 116.5 pregnancies per 1,000 girls aged 15–19 to 94.3.³ Although this is encouraging news, access to a full range of family planning services for teenagers is necessary.
- Every tax dollar spent for contraceptive services saves an average of \$4 that would otherwise be spent to provide medical care, welfare benefits, and other social services.⁴ For every dollar spent to provide publicly funded contraceptive services, the government saves an average of \$3 in Medicaid costs for pregnancy-related health care and medical care for newborns.⁵
- An estimated 25% of all new cases of HIV infection in the United States occur in young people under age 21.⁶ Each day, 27–54 young people under age 20 are infected with HIV.⁷
- Studies show that more than 80% of children in foster care had developmental, emotional, or behavioral problems. Mental health services are repeatedly identified as the number one health care need.⁸

SOURCES

1. Smith, V. & Rousseau, D.M. (2000). CHIP program enrollment: December 2000. Washington, DC: Kaiser Commission on Medicaid and the Uninsured.
2. Ibid.
3. Ventura, S.J.; Mosher, W.D.; Curtin, S.C.; Aboma, J.C.; & Henshaw, S. (2000). Trends in pregnancy rates for the United States, 1976–97: An update. Vital Health Statistics 49 (4).
4. Alan Guttmacher Institute. (1998). Teenage pregnancy and the welfare reform debate. New York: Author.
5. Forrest, J.D., & Samara, R. (1996). Impact of publicly funded contraceptive services on unintended pregnancies and implications for Medicaid expenditures. Family Planning Perspectives, 28, 188–195.
6. The White House, Office of the President. (1997). National AIDS strategy. Washington, DC: Government Printing Office.
7. Office of National AIDS Policy. (1996). Youth and HIV/AIDS: An American agenda. (Report to the President). Washington, DC: Author.
8. Kaplan, B.J., & Sadock, V.A. Eds.). (2000). Comprehensive textbook on psychiatry, Vol. II. (7th ed.). Philadelphia: Lippincott Williams & Wilkins.

CWLA CONTACT

Barbara Allen
202/639-4924
ballen@cwla.org



CHILD WELFARE LEAGUE OF AMERICA

Headquarters

440 First Street NW, Third Floor
Washington DC 20001-2085

202/638-2952 • Fax 202/638-4004 • www.cwla.org